

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** LSS PREBLE HOUSE (410202)

**Address:** 830-832 EDGEWOOD DR, GREEN BAY, WI 54311

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/07/1990

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0095605      **End Date:** 09/15/2005      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0092941      **End Date:** 06/23/2004      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
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**Complaint History**

**Date Complaint Received: 07/01/2005**

**Date Investigation Completed: 09/13/2005**

Subject Area(s)

RESIDENT RIGHTS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
OTHER

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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